Medical Control Authority Orientation

Role of MCA Support Staff 2013

Agenda

- MCA Organization
 - Bylaws
 - MCA Board
 - Advisory Body
 - Medical Director
 - Funding
- Protocol Development/Implementation
 - Education
 - Implementation

Agenda

- Professional Standards Review Organization (PSRO)
 - Data Submission
 - Quality Review/Quality Care
- Other
 - Clinical Competency/Skills Verification
 - Emergency Protocol

Medical Control Authority

- Part 209 of P.A. 368 of 1978, as amended is the statute that supports Emergency Medical Services, Medical Control Authorities, life support agencies and personnel.
- EMS Life Support Agencies & Medical Control Authority Rules – Dated May 12, 2004

Medical Control Authority

 A Medical Control Authority is an organization designated by the department for the purpose of supervising and coordinating an emergency medical services system, as prescribed, adopted, and enforced through department-approved protocols for a particular geographic region.

Medical Control Authority Requirements

- MDCH designates Medical Control Authorities for a particular region (currently 62 MCAs)
- A Medical Control Authority is a hospital or group of hospitals that operates a service that treats patients 24 hours a day, 7 days a week

Medical Control Authority

Definition of what comprises a Medical Control Authority

 A medical control authority shall be administered by the participating hospitals of the designated medical control authority region.

Medical Control Authority

• Each freestanding surgical outpatient facility licensed under Part 208 of the code that operates a service for treating emergency patients 24 hours a day, 7 days a week and meets standards established by the medical control authority may participate and serve on the medical control authority board in the ongoing planning and development activities of the medical control authority designated by the department.

Medical Control Authority

 Hospitals are responsible for administering Medical Control

•Hospitals!!!

Medical Control Authority

A medical control authority shall do all of the following:

- Develop bylaws that define the medical control authority organizational structure
- Appoint a medical control authority board to administer the medical control authority.
- Appoint an Advisory Body as defined in Section 20918 (2) and (4).
- Appoint a medical director, with the advice of the advisory body, in accordance with Section 20918 (3) of the code.

Medical Control Requirements

- Appoint a Professional Standards Review Organization, for the purpose of improving the quality of medical care
- Collect data as necessary to assess the quality and needs of emergency medical services throughout its medical control authority region.
- Establish written protocols.

Medical Control Requirements

- Ensure each life support agency and individual is accountable in the provision of emergency medical services.
- Ensure a quality improvement program is in place.
- Ensure that each hospital comply with standards, policies, procedures and protocols.
- Additional Requirements

MCA Organization

- Bylaws
- MCA Board
- Advisory Body
- Medical Director
- Funding

Bylaws

- Bylaws must define the MCA organizational structure and must be approved by the Department.
 - Membership
 - Meetings
 - Board of Directors
 - Advisory Committee
 - Standing Committees
 - Medical Director
 - PSRO

MCA Board

MCA Board is responsible for administering the medical control authority.

- The majority of the board shall be comprised, at a minimum, of members of the hospitals, and, when applicable, freestanding surgical outpatient facilities. The board may include representation of life support agencies.
- If the board also functions as the advisory body to the medical control authority, then the board shall include a representative of each type of life support agency and emergency medical services personnel functioning within the medical control authority region.

Advisory Body

- Advisory Body is appointed by the participating hospitals of the MCA. Advisory Body shall include, at a minimum, a representative of each type of life support agency and each type of EMS personnel functioning within the MCA boundaries.
- No more than 10% of the membership of the advisory body shall be employees of the Medical Director or entity substantially owned or controlled by the Medical Director.

Advisory Body

- Advisory Body shall, at a minimum:
 - Advise the MCA on the appointment of the Medical Director
 - Advise the MCA on the development of protocols
 - Meet at least quarterly

Medical Director

- Medical Director shall be a physician who
 is board certified in emergency medicine, or
 who practices emergency medicine and is
 certified/current in both ACLS and ATLS.
- Medical Director, appointed by the MCA, is an agent of the Medical Control Authority and is responsible for Medical Control for the EMS System.

Medical Director

- It is the Medical Director's responsibility to ensure the provision of medical control.
- Medical Director's signature on a life support agency licensure application affirms intent to provide medical control to that agency.

Medical Director

- Participate every 2 years in a at least one educational program related to medical control.
- Responsible for the supervision, coordination, implementation, & compliance with protocols.
- Responsible for receiving input from, and being responsive to, the advisory body.
- Responsible for completing, within 1 year of initial appointment, a medical director's educational program provided by department.

Funding

- Voluntary Agency fee
- Hospitals vote to have a MCA participation fee
- Separate Medical Director agreements by contract either direct or indirect
- ** no direct State source of MCA revenue

Ken Cummings, Facilitator

PANEL DISCUSSION

Protocol Development/Implementation

- Overview
- Education
- Implementation

Protocol Overview

- Medical control authorities are required to comply with the statute and with the promulgated rules.
- A medical control authority shall establish written protocols for the practice of life support agencies and licensed emergency medical services personnel.
- Required protocols (Section 20919 and Rule 207) include the following areas:
 - The acts, tasks, or functions that may be performed by each type of personnel licensed under this part. EMS personnel shall not provide life support at a level that exceeds the life support agency license and approved protocols.

Protocol Overview

- Procedures to assure that life support agencies are providing clinical competency assessments to EMS personnel before the individual provides emergency medical services within the medical control authority region.
- Medical protocols to require the appropriate dispatching of a life support agency.
- Protocol for complying with the Michigan do-not-resuscitate procedure act.
- Protocols defining the process, actions, and sanctions a medical control authority may use in holding a life support agency or personnel accountable. This shall include disciplinary action against a life support agency and emergency medical services personnel.
- Protocols defining the process to immediately remove medical control if the medical control authority determines that an immediate threat to the public health, safety, or welfare exists. Protocol shall specify that a medical control authority have 3 business days to hold a hearing and make a determination.

Protocol Overview

- Protocols to ensure that if medical control has been removed or suspended from a participant within their medical control authority, the participant does not provide prehospital care until medical control is reinstated, and that the medical control authority that removed the medical control notifies the department within 1 business day of the removal.
- Protocols that ensure a quality improvement program is in place.
 The quality improvement program shall include a requirement that each life support agency collects and submits data to the medical control authority. Data shall be reviewed by the medical control authority professional standards review organization. Data shall be protected in accordance with Section 20919 (1) (g) of the code.
- Protocols to ensure that an appeals process of a medical control decision is in effect.

Protocol Overview

- Protocol to ensure that each life support agency that provides basic life support, limited advanced life support, or advanced life support be equipped with epinephrine or epinephrine auto-injectors and that each EMS personnel is authorized to provide those services is properly trained to recognize an anaphylactic reaction, to administer the epinephrine, and to dispose of the epinephrine auto-injector or vial.
- Protocols that delineate that if life support agencies routinely transport
 prehospital patients to hospitals outside of their originating medical control
 authority region, they will comply with the originating medical control authority
 protocols.
- Written procedures for the security, control, dispensing, and exchange of pharmaceuticals, intravenous solutions, tubing, and related apparatus. Life support agency medication exchange shall only take place with a participating hospital or freestanding surgical outpatient facility.

Protocols adopted by the medical control authority and approved by the department have the force and effect of law.

Protocol Development

- Development and adoption of protocols:
 - At least 60 days prior to adoption of protocols by the MCA, the MCA must circulate a written draft of the proposed protocol to all significantly affected persons within the MCA AND submit written draft to the Department for approval.
 - The Department shall review a proposed protocol and consider any written comments received from affected persons.

Protocol Development

- Within 60 days after receiving a written draft of a proposed protocol, the department shall provide a recommendation to the MCA with any comments.
 - Protocols received not later than the 10th day of a given month will be reviewed that month.
 - Protocols received after the 10th day of a given month will be reviewed the next month.
- If Department does not respond within 60 days, the proposed protocol shall be considered to be approved by the department.

Protocol Development

- Each participating and nonparticipating hospital
 within a medical control authority region shall
 follow all standards, policies, procedures, and
 protocols established by the MCA as approved by
 the Department.
- Each MCA shall submit to the Department current protocols for department review and approval. Department approval shall be on a 3-year cycle as defined by the Department.

Protocol Education/Implementation

- After department approval of a proposed protocol, the MCA may formally adopt & implement the protocol.
 - Educate/Inform all affected participants when adopting updated/revised/new/etc. protocols
 - Educate/Inform all affected participants of implementation date for revised/new protocols

Accountability

- Protocols adopted by the MCA and approved by the department have the force and effect of law.
- Licensed life support agencies and individuals are accountable to the MCA in the provision of emergency medical services as defined in protocols.

Accountability

- The State looks to the MCA to provide protocols and guidance for the EMS system
- Treatment and system protocols need to be proper and include those identified in the LAW
- If MCA activity is neglected, it is only a matter of time before it becomes a potential liability.

Medical Control Requirements

- MCAs are responsible for:
 - establishing written protocols for the practice of life support agencies and EMS personnel.
 - circulating draft protocols to all significantly affected persons for review, and
 - submitting to MDCH for approval
 - ensuring physicians, hospital staff, and providers are educated on protocols
 - adhere to protocols



Professional Standards Review Organization (PSRO)

- Appoint a Professional Standards Review
 Organization, for the purpose of improving
 the quality of medical care
- Ensure a quality improvement program is in place.
- Collect data as necessary to assess the quality and needs of emergency medical services throughout its medical control authority region (Section 20910).

PSRO

- PSRO is a committee established by a MCA for the purpose of improving the quality of medical care.
- MCA shall develop a protocol (Section 20919 (1)(g) and Rule 207) to ensure a quality improvement program is in place within a MCA and provides data protection as provided in 1967 PA 2790, MCL 331.531 to 331.533.

PSRO

- The quality improvement program shall include a requirement that each life support agency collect and submit data to the MCA (Rule 213).
- Data shall be reviewed by the MCA PSRO.

EMS Information System

- Not voluntary required to submit patient care information
- Benefits
 - Legible, defendable medical record
 - Comprehensive, searchable database
- Statewide EMS Information System
 - Responsibility for data submission is with MCA

EMS Information System

- In most cases, the life support agency will submit data directly into the state repository (Image Trend) and not directly to the MCA.
- The MCA will have the ability to pull their life support agency information from the state repository.

EMS Information System

- If a life support agency is found to not be submitting data, the MCA would contact the agency to determine why data has not been submitted.
- The MCA may contact the Department for assistance if needed.

EMS Information System

- Began collecting data April 1, 2009
- Still don't have all agencies submitting data

Quality Improvement

- The purpose of the MCA Quality Improvement program is to:
 - Assess the quality and need of EMS through the collection of system appropriate data.
 - Provide the services in the MCA area with a review process in which current protocols and their use can be monitored and upgraded.

Quality Improvement

- Provide a means of reviewing the standards of care in individual EMS services and the MCA as a whole.
- Provide a means of documenting the need and/or desire for changes to the current protocols as written.

EMS Medical Direction

- Retrospective
- Concurrent
- Prospective

Retrospective Medical Direction

- Quality Assurance Model
 - In search of badness
- Quality Improvement
 - In search of opportunities to improve
- Sources of Retrospective Review
 - Patient Care Record
 - Medical Community
 - EMS Audio Tapes/AEDs

Concurrent Medical Direction

- The fun part of EMS Medical Direction
- Real Time Observation
 - Field Response
 - Hospital Observation
 - Docs and Nurses
 - MEDCOM communications monitoring
- Ride-a-long vs. Cherry Picking
 - Communications capability

Prospective Medical Direction

- Upfront Investment
- Protocols and Policies
- Equipment
- Training
 - Simulation based training
 - "You fight the way you train"
 - Labor intensive



Other

- Clinical Competency/Skills Verification
- Emergency Protocol

Clinical Competency/Skills Verification

 MCA shall establish a protocol to assure life support agencies are providing clinical competency assessments to EMS personnel prior to the individual providing EMS within the MCA.

Emergency Protocol

- MCA may establish an emergency protocol necessary to preserve the health or safety of individuals within its region in response to a present medical emergency or disaster without following the established procedure.
 - An emergency protocol is effective only for a limited time period and does not take permanent effect unless it is approved by the Department.
 - An emergency protocol must be submitted to the Department within 5 business days and shall remain in effect for not more than 60 days unless approved.



